

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91509 036 ***150.00

DOCUMENT # P01000013536

1. Entity Name

FLORIDA KEYS SURGICAL ASSOCIATES, P.A.

Principal Place of Business

**8151 OVERSEAS HWY STE 500
 MARATHON FL 33050**

Mailing Address

**8151 OVERSEAS HWY STE 500
 MARATHON FL 33050**

2. Principal Place of Business

3375 Burns Road

3. Mailing Address

3375 Burns Road

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Palm Beach Gardens

City & State

Palm Beach Gardens

Zip

Country

33410 US

Zip

Country

33410 US

4. FEI Number

65-1075991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MOREJON, ORLANDO

859 NARRAGANSETT LANE

KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name **MOREJON, ORLANDO**

Street Address (P.O. Box Number is Not Acceptable) **1801 N. FLAGLER DRIVE**

430

City **West Palm Beach**

FL

Zip Code **33407**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Orlando Morejon ORLANDO MOREJON**

4/17/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MOREJON, ORLANDO MD**
 STREET ADDRESS **8151 OVERSEAS HWY STE 500**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **MOREJON, ORLANDO MD**
 STREET ADDRESS **3375 BURNS ROAD, SUITE 206**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Orlando Morejon (ORLANDO MOREJON) 4/17/02 (561) 799-5995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)